

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

Date qualified as committee

☒ Amendment

List I.D. number:

1445622

3/4/2022

Date qualified as committee
(If applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

Date Stamp

CALIFORNIA
FORM 410

For Official Use only

Page 1

1. Committee Information

NAME OF COMMITTEE

STOP THE TAX ON WORKING FAMILIES, A COALITION OF TAXPAYER GROUPS AND
BUSINESS ASSOCIATIONS ADVOCATING TO KEEP CALIFORNIA AFFORDABLE

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS
form410@nmgovlaw.com

COUNTY OF DOMICILE

MARIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE
STATEWIDE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ELLI ABDOLI

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY

EVANN WHITELAM

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

ROB GUTIERREZ

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/18/2022
DATE

By ELLI ABDOLI

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

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STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

ROB LAPSLEY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 415-389-6800

3. Verification

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Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
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BUSINESS ASSOCIATIONS ADVOCATING TO KEEP CALIFORNIA AFFORDABLE

STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

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2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
LANCE HASTINGS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 415-389-6800

3. Verification

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Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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1. Committee Information

NAME OF COMMITTEE

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STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

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2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
RACHEL MICHELIN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 415-389-6800

3. Verification

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Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

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Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME

STOP THE TAX ON WORKING FAMILIES, A COALITION OF TAXPAYER GROUPS AND BUSINESS ASSOCIATIONS ADVOCATING TO KEEP CALIFORNIA

Page 5

I.D. NUMBER

1445622

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE 415-927-8905	BANK ACCOUNT NUMBER
ADDRESS	CITY CORTE MADERA	STATE CA
		ZIPCODE 94925

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
(19-0028A1) REQUIRES STATE REGULATIONS TO REDUCE PLASTIC WASTE, TAX PRODUCERS OF SINGLE-USE PLASTICS, AND FUND RECYCLING AND ENVIRONMENTAL PROGRAMS. INITIATIVE STATUTE.	STATEWIDE - NOVEMBER 2022	SUPPORT	OPPOSE X
		SUPPORT	OPPOSE

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FORM 410**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME

STOP THE TAX ON WORKING FAMILIES, A COALITION OF TAXPAYER GROUPS AND BUSINESS ASSOCIATIONS ADVOCATING TO KEEP CALIFORNIA

Page 6

I.D. NUMBER

1445622

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR
CALIFORNIA BUSINESS ROUNDTABLEINDUSTRY GROUP OR AFFILIATION OF SPONSOR
BUSINESS

STREET ADDRESS

NO. AND STREET

CITY

SACRAMENTO

STATE

CA

ZIP CODE

95814

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditure in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME

STOP THE TAX ON WORKING FAMILIES, A COALITION OF TAXPAYER GROUPS AND BUSINESS ASSOCIATIONS ADVOCATING TO KEEP CALIFORNIA

Page 7

I.D. NUMBER

1445622

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR
CALIFORNIA RETAILERS ASSOCIATIONINDUSTRY GROUP OR AFFILIATION OF SPONSOR
BUSINESS ASSOCIATION

STREET ADDRESS

NO. AND STREET

CITY

SACRAMENTO

STATE

CA

ZIP CODE

95814

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COMMITTEE NAME

STOP THE TAX ON WORKING FAMILIES, A COALITION OF TAXPAYER GROUPS AND BUSINESS ASSOCIATIONS ADVOCATING TO KEEP CALIFORNIA

Page 8

I.D. NUMBER
1445622

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR
CALIFORNIA MANUFACTURERS & TECHNOLOGY ASSOCIATIONINDUSTRY GROUP OR AFFILIATION OF SPONSOR
BUSINESS ASSOCIATION

STREET ADDRESS

NO. AND STREET

CITY

SACRAMENTO

STATE

CA

ZIP CODE

95814

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COMMITTEE NAME

STOP THE TAX ON WORKING FAMILIES, A COALITION OF TAXPAYER GROUPS AND BUSINESS ASSOCIATIONS ADVOCATING TO KEEP CALIFORNIA

Page 9

I.D. NUMBER
1445622

4. Type of Committee (Continued)

General Purpose Committee

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☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

CALIFORNIA TAXPAYERS ASSOCIATION (CalTax)

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

TAXPAYER GROUP

STREET ADDRESS

NO. AND STREET

CITY

SACRAMENTO

STATE

CA

ZIP CODE

95814

Small Contributor Committee

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COMMITTEE NAME

STOP THE TAX ON WORKING FAMILIES, A COALITION OF TAXPAYER GROUPS AND BUSINESS ASSOCIATIONS ADVOCATING TO KEEP CALIFORNIA

Page 10

I.D. NUMBER

1445622

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR
AMERICAN CHEMISTRY COUNCILINDUSTRY GROUP OR AFFILIATION OF SPONSOR
BUSINESS ASSOCIATION

STREET ADDRESS

NO. AND STREET

CITY
WASHINGTONSTATE
DCZIP CODE
20002**Small Contributor Committee**

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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